

ERIE COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES

**APPLICATION FOR A PERMIT
TO OPERATE A
TEMPORARY FOOD SERVICE ESTABLISHMENT**

OPERATION OF A FOOD SERVICE ESTABLISHMENT WITHOUT A PERMIT IS A MISDEMEANOR
UNDER PART 14 OF THE NEW YORK STATE SANITARY CODE.

SUBMIT THIS APPLICATION AT LEAST 5 DAYS BEFORE THE FIRST DAY OF OPERATION.

1. EVENT a. Name _____
b. Location _____
c. City, Town, Village _____
d. First and Last Dates of Event _____
2. FOOD STAND a. Name _____
b. Location at Event _____
c. Foods to be Served _____
3. OPERATOR a. Owner/Corporation _____ Phone _____
b. Address _____
c. City, Town, Village _____ State _____ Zip Code _____

No. of Days of Operation	If application is submitted:			
	5 or more days prior to event:	4 or less days prior to event:		
1-3	fee is \$53 <input type="checkbox"/>	fee is \$73 <input type="checkbox"/>	Cash	<input type="checkbox"/>
4-7	\$60 <input type="checkbox"/>	\$80 <input type="checkbox"/>	Check	<input type="checkbox"/>
1-14	\$75 <input type="checkbox"/>	\$95 <input type="checkbox"/>	Money Order	<input type="checkbox"/>
Frozen Dessert Machine	\$25 <input type="checkbox"/>	\$25 <input type="checkbox"/>	Total Fee	

IF THIS APPLICATION IS APPROVED, THE UNDERSIGNED APPLICANT HEREBY AGREES TO
OPERATE THE TEMPORARY FOOD SERVICE ESTABLISHMENT DESCRIBED ABOVE IN COMPLETE
COMPLIANCE WITH THE REQUIREMENTS OF PART 14 OF THE NEW YORK STATE SANITARY CODE.
APPLICANT ALSO ACKNOWLEDGES THAT WORKER'S COMPENSATION AND DISABILITY
INSURANCE ARE IN FORCE AS REQUIRED.

5. SIGNATURE a. Owner/Operator _____
b. Title _____ Date _____

FOR DEPARTMENT USE

Permit Recommended ☐ Yes ☐ No Valid from _____ to _____ Permit No. _____
Foods Allowed _____
Permit Conditions _____ Inspector _____

DISTRICT B T L H

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR
A PERMIT TO OPERATE A TEMPORARY FOOD SERVICE ESTABLISHMENT**

- Item 1. **EVENT**
- a. Name of event or festival.
 - b. Number and street where event is being held.
 - c. City, Town or Village event is located in.
 - d. Indicate beginning and ending dates of the event.
- Item 2. **FOOD STAND**
- a. Name on food stand for this event.
 - b. Indicate location of stand at the event.
 - c. Indicate the foods that will be served at this stand.
- Item 3. **OWNER/OPERATOR**
- a. Name of owner of business or corporation and home phone number.
 - b&c. Permanent address of business.
 - d. **Name of Responsible Person** - name and title of individual responsible for the operation who may be contacted in the event of an emergency, etc.
- Item 4. **FEE REQUIRED**
- Check the boxes that apply and enter the fee total or write "fee exempt".
NOTE: If fee exempt, completed fee waiver request form must accompany this application.
- Item 5. **SIGNATURE**
- a. Signature of the owner or operator.
 - b. Title of the person signing this application and the date it was signed.

SEND APPLICATION AND PAYMENT TO:

**ERIE COUNTY COMMISSIONER OF FINANCE
95 FRANKLIN STREET - ROOM 906
BUFFALO, NEW YORK 14202**